## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

|  |   |   |                                   |                                       |              |                  |                | 1_                       | 10,16                  | 00   | 1/                  |                        |  |
|--|---|---|-----------------------------------|---------------------------------------|--------------|------------------|----------------|--------------------------|------------------------|------|---------------------|------------------------|--|
|  | ·   | CLAIMS A                                  | S FILED - PART (<br>(Column 1)    |                                       | (Column 2)   |                  | SMAL<br>TYPE   |                          | NTITY                  | OR   |                     | THAN<br>ENTITY         |  |
| TOTAL CLAIMS   |   |   |                                   |                                       |              |                  | RA             | ΓE                       | FEE                    | 7    | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED                      |                                       | NUMBER EXTRA |                  | BASIC          | FEE                      | <del> </del>           | OR   | BASIC FEE           |                        |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | minus 20=                         |                                       | *            |                  | X\$            | 9=                       |                        | OR   | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | ( minus 3 = *                     |                                       |              |                  | X43            | }=                       |                        | OR   | X86=                |                        |  |
| М  | JLTIPLE DEPE  | NDENT CLAIM P                             | RESENT                            |                                       |              |                  | +14            | <br>i=                   |                        | OR   | +290=               |                        |  |
| *  | f the difference  | e in column 1 is                          | less than zero, enter "0" in colu |                                       |              | olumn 2          | TOT            |                          | 265                    | OR   | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |   |   |                                   |                                       |              |                  | OTHER THAN     |                          |                        |      |                     |                        |  |
|  |   | (Column 1)                                | (Column 2)                        |                                       |              | (Column 3)       | SMA            | LL E                     | ENTITY                 | OR   | SMALL               | ENTITY                 |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F   | ER<br>JSLY   | PRESENT<br>EXTRA | RAT            | E                        | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total .   | *   | Minus                             | **                                    |              | =                | X\$ 9          | <u>:</u>                 |                        | OR   | X\$18=              |                        |  |
|  | Independent   | *   | Minus                             | ***                                   |              | =                | X43            | =                        |                        | OR   | X86=                | J. T                   |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                   |                                       |              |                  | +145           | _                        |                        | OR   | +290=               |                        |  |
|  |   |   |                                   |                                       |              |                  |                | TAL                      |                        | ĮL   | TOTAL<br>ADDIT. FEE | 11                     |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                                   |                                       |              |                  |                | ADDIT. FEE ON ADDIT. FEE |                        |      |                     |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO  | ER<br>JSLY   | PRESENT<br>EXTRA | RAT            | E                        | ADDI-<br>TIONAL<br>FEE | ٠.   | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                             | **                                    |              | =                | X\$ 9          | =                        |                        | OR   | X\$18=              |                        |  |
| AME  | Independent   | *   | Minus                             | ***                                   | CL AINA      | =                | X43:           | =                        |                        | OR   | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                   |                                       |              |                  |                | =                        |                        | OR   | +290=               |                        |  |
|  |   |   |                                   | •                                     |              | ٠                | TO<br>ADDIT. F |                          |                        | OR , | TOTAL<br>ADDIT. FEE |                        |  |
|  |   |   |                                   |                                       |              | _                |                |                          |                        |      |                     |                        |  |
| MEN  | 44  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA | RATE           | =  -                     | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                             | **                                    |              | =                | X\$ 9:         | -                        |                        | OR   | X\$18=              |                        |  |
|  | Independent   | *   | Minus                             | ***                                   |              | =                | X43=           |                          | .                      | OR   | X86≃                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                   |                                       |              |                  |                | _                        |                        | OR   | +290=               |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                   |                                       |              |                  |                |                          |                        |      | TOTAL               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                                   |                                       |              |                  |                |                          |                        |      |                     |                        |  |